U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 121 5-0188 Expires 1 1-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT.		
E ABSONS			
1. File Number U -	2. Fiscal Year Covered From:		
10797	01 / 01 / 2004 Through: [12 / 31 / 2004]		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Jose A Mayorga	Name Laborers' Inter. Union of No. America 169		
	Labor Organization File Number 201303		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 570 Reactor Way	Street 570 Reactor Way		
City Reno	City Reno		
State Ny ZIP Code +4 89502	State NV ZIP Code + 4 89502		
5. Position in labor organization.  President			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
(except as specified in the exclus  A. Held an interest in, engaged in transactions (including loans) with, or de	ions set forth in the instructions):		
(except as specified in the exclus  A. Held an interest in, engaged in transactions (including loans) with, or de monetary value from an employer whose employees your organization	ions set forth in the instructions): erived income or other economic benefit of n represents or is actively seeking to represent.		
(except as specified in the exclus  A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization.  5. Name and address of Employer (including trade name, if any).	ions set forth in the instructions):		
(except as specified in the exclus  A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization.  B. Name and address of Employer (including trade name, if any).  Name	ions set forth in the instructions): erived income or other economic benefit of n represents or is actively seeking to represent.		
(except as specified in the exclus  A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization.  5. Name and address of Employer (including trade name, if any).	ions set forth in the instructions): erived income or other economic benefit of n represents or is actively seeking to represent.		
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(except as specified in the exclus  A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization.  B. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	ions set forth in the instructions):  erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
(except as specified in the exclus  A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization.  B. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	ions set forth in the instructions):  erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
(except as specified in the exclus  A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization.  5. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	ions set forth in the instructions):  erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
(except as specified in the exclus  A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization.  5. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	ions set forth in the instructions):  erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.		
(except as specified in the exclus  A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization.  5. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	ions set forth in the instructions):  erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.		
(except as specified in the exclus  A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization.  5. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Pesubmitted in this report (including the information contained in any accompanying	ions set forth in the instructions):  erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.		

Name of Person Filing Jose A. Mayorga	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Laborers-AGC Education and Training Fun	d a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 37 Deerfield Road				
City Pomfret				
State CT ZIP Code + 4 06259				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Provide education materials and instruction			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	Reimbursed expenses for travel to educational training.			
	12.b. Amount. \$2812.00			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).  Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Jose A. Mayorga	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name NOrthern Nevada Laborers' AGC Training  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 445 Apple Street  City Reno  State NV ZIP Code + 4 89510	9. Business deals with:  Trust  a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Provides instruction to construction craft laborers and apprentices.			
Street	11.b. Approximate dollar value of such dealing.			
City State of the	12.a. Nature of interest held or income received.			
State ZIP Code + 4	Compensation Wages benefits and allowances			
	12.b. Amount. \$68,506			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
3.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing Jose A Mayorga		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Northern Nevada Laborers' AGC Training  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 445 Apple Street  City Reno 3  State NV ZIP Code +4 89510	9. Business deals with:  Trust  a. Labor Organizat  b. Trust  c. Employer	ion		
10. If 0 b, or 0 c, is checked give trust or employer's name	11.a. Nature of such dealing	q.		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	Provide instruct laborers and ap  11.b. Approximate dollar value  12.a. Nature of interest held of Reimbursed ex	tion to construction craft open tices.  of such dealing.		
C. Received from any employer (other than an employer covered unde	r parts A and B above)			
or from any labor relations consultant to an employer any payment of money		en e		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
(including trade name, if any).  Name  Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

## ADDENDA TO THE LM-30 FORM WHICH IS TO BE INCORPORATED AND MADE PART OF THE LM-30 FORM

## ADDENDUM A [UNSOLICITED HOLIDAY GIFTS]

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items, a [wine and cheese basket, fruit basket, holiday ham, holiday turkey, gourmet foods, etc.]. At no time did I solicit such item[s], and it/they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office. My actions were in line with published Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed." C.F.R. 2635.205.

### ADDENDUM B [MEALS/EVENTS WITH FRIENDS]

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exist separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

# ADDENDUM C [MEAL/EVENTS WITHOUT SPECIFI RECORDS OR RECOLLECTION]

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual; who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

#### ADDENDUM D [UNION TO UNION BENEFITS]

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborer's International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

#### ADDENDUM E

In filing this report, I am in no way admitting or agreeing that any of the Trusts contained in this filing are or can be defined as businesses, or otherwise deal with the Union or its employers.

When reading Section 202 of the LMRDA, I found no references to Trusts, and the LMRDA does not define business.

I am filing this LM-30 report as a precaution that one or more of the incidences reported are or will at some time be deemed to be reportable by an authority higher than the DOL's opinion.